

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/564827

FILING DATE

1-18-06

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		3		1			54						
5		4		1			55						
6		5		1			56						
7		6		1			57						
8		7		1			58						
9		8		1			59						
10		9		1			60						
11		10		1			61						
12		11		1			62						
13		12		1			63						
14		13		1			64						
15		14		1			65						
16		15		1			66						
17		16		1			67						
18		17		1			68						
19		18		1			69						
20		19		1			70						
21		20		1			71						
22	1		1				72						
23		1		1			73						
24		2		1			74						
25		3		1			75						
26		4		1			76						
27		5		1			77						
28		6		1			78						
29		7		1			79						
30		8		1			80						
31		9		1			81						
32		10		1			82						
33		11		1			83						
34		12		1			84						
35		13		1			85						
36		14		1			86						
37		15		1			87						
38		16		1			88						
39		17		1			89						
40		18		1			90						
41		19		1			91						
42		20		1			92						
43		21		1			93						
44		22		1			94						
45		23		1			95						
46		24		1			96						
47		25		1			97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	2	↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	23	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		25					TOTAL CLAIMS						

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